

54A DISTRICT COURT PROBATION MONTHLY SUPERVISION REPORT

54-A District Court
5th Floor City Hall
124 W. Michigan Ave.
Lansing, MI 48933
www.lansingcourt.com

MO/P.O.

Phone: (517) 483-4424

Fax : (517) 483-6010

PLEASE **PRINT** THE ANSWER TO EACH ITEM AND SIGN AT THE BOTTOM

Name: First		Middle	Last	Date
Address (Number, Street, APT#, City, State Zip)				Telephone # ()
NAME OF PERSON YOU LIVE WITH (RELATIONSHIP)				DO THEY KNOW YOU ARE ON PROBATION?
NAME AND ADDRESS OF EMPLOYER				
WHAT IS YOUR JOB?				
DOES EMPLOYER KNOW YOU ARE ON PROBATION?	WHAT DAYS DO YOU WORK?		WHAT HOURS DO YOU WORK?	
HOURLY RATE OR SALARY	EARNINGS SINCE LAST REPORT		MARITAL STATUS	
HOW MUCH WORK TIME LOST SINCE LAST REPORT		WHY DID YOU LOSE TIME?		
DO YOU OWN A MOTOR VEHICLE?	DO YOU DRIVE A MOTOR VEHICLE?		MAKE OF VEHICLE	YEAR LICENSE
HAVE YOU HAD ANY CONTACT WITH THE POLICE, BEEN ARRESTED, OR RECEIVED ANY TRAFFIC TICKETS SINCE YOUR LAST REPORT? MUST ANSWER YES OR NO. IF YES, EXPLAIN:				

ARE YOU ATTENDING COUNSELING? IF YES, WHERE? _____

IF YOU HAVE ANY SPECIAL PROBLEMS OR WISH TO MAKE ANY COMMENTS, INDICATE BELOW:

The above is true to the best of my knowledge.		
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Signature of PROBATIONER

Signature of PROBATION OFFICER

Date